

CLAIM FOR REIMBURSEMENT

Office of Finance and Management

Department of Education

700 Governors Drive

Pierre, SD 57501-2291

Phone: (605) 773-3248 Fax: (605) 773-6139

FOR CANS USE ONLY

NATIONAL SCHOOL
LUNCH PROGRAM
July 2005 through June 2006

Claim for Month of _____ Yr _____

Local Agency Name _____

Site Type: ☐ School — Public

Mailing Address _____

☐ School — Private

Town _____ State _____ Zip _____

☐ RCCI — Residential Child
Care Institution

Phone No: _____ Fax: _____

Check one: () Original () Revision

1. General Information - Lunch

Enrollment _____ Number of Centers _____ (See Instructions On Back)
Number of Days Served _____ *ADA _____ *ADP _____ *(ADA and ADP round up to
Approved Free _____ Approved Reduced _____ next highest whole number)

2. NSLP LUNCH:

Meals x Rate of Reimbursement = NSLP Reimbursement

Regular Lunch				Specially Needy Lunch			
Paid	(a) _____	x (b) .22	= (c) \$ _____	Paid	(m) _____	x (n) .24	= (o) \$ _____
Free	(d) _____	x (e) 2.32	= (f) \$ _____	Free	(p) _____	x (q) 2.34	= (r) \$ _____
Reduced	(g) _____	x (h) 1.92	= (i) \$ _____	Reduced	(s) _____	x (t) 1.94	= (u) \$ _____
SFSP Lunch	(j) _____	x (k) 2.32	= (l) \$ _____	SFSP Lunch	(v) _____	x (w) 2.34	= (y) \$ _____
TOTAL LUNCH REIMBURSEMENT				(c+f+l+i) or (o+r+u+y) = \$ _____			

3. (a) Number of Food Service Employee meals Lunch _____
(b) Number of Adult meals (excluding those counted in (a)) Lunch _____
(c) A la Carte & Second Meal Equivalency (includes both lunch & supplement a la Carte) _____

4. General Information - Supplements

Enrollment: Total _____ Enrollment: Area Eligible _____ (See Instructions On Back)
Number of Centers: Regular _____ Number of Centers: Area Eligible _____ *(ADA and ADP round up to
Number of Days Served _____ *ADA _____ *ADP _____ next highest whole number)
Approved Free _____ Approved Reduced _____
(Only sites which are not area eligible) License Capacity _____

5. NSLP SNACKS AFTER SCHOOL

Meals x Rate of Reimbursement = NSLP Reimbursement

Paid	(a) _____	x (b) .05	= (c) \$ _____
Free	(d) _____	x (e) .63	= (f) \$ _____
Reduced	(g) _____	x (h) .31	= (i) \$ _____
All Free (Area eligible)	(j) _____	x (k) .63	= (l) \$ _____
SFSP Snacks	(m) _____	x (n) .63	= (o) \$ _____
TOTAL SNACKS REIMBURSEMENT			(c+f+i+l+o) = \$ _____

6. TOTAL REIMBURSEMENT (Total from Part 2 & Total Part 5) \$ _____

I hereby certify that to the best of my knowledge and belief this Claim for Reimbursement is true and correct in all respects; that records are available to support the claim; that it is in accordance with the terms of the existing agreement; and that payment has not been received.

By _____ Title _____ Date _____
Authorized Representative

All receipts, invoices and other evidence of purchase must be retained for 3 years plus current year for future audit. All claims must be on a calendar month basis except for months when meals are served for ten days or less.

ATTENTION: ALL CLAIMS ARE DUE IN THE OFFICE OF FINANCE AND MANAGEMENT ON / BEFORE THE TENTH OF THE FOLLOWING MONTH FOR WHICH A CLAIM IS BEING SUBMITTED.

DISTRIBUTION: ORIGINAL to Office of Finance and Management; A copy is to be retained for agency's file. (Revised 7/04)

A claim is usually sent to Office of Finance and Management for each month of program operations. However, if the first or last month of Program operations for any year contains 10 operating days or less, that month may be combined with the Claim for Reimbursement for the appropriate adjacent month. However, June and July cannot be combined due to different reimbursement rates for different fiscal years.

- **“Site Type”** is one of three: (1) School-Public, (2) School-Private, or (3) RCCI-Residential Child Care Institution.

- **“Enrollment”** is the number of children whose parent or guardian has submitted to your institution a signed document which indicates that the child is enrolled. Enrollment in “Area Eligible Sites” needs to be included in total sites and, also, reported separately for supplements.

- **“Approved Free”** are the children from a family that has a completed application which meets the income standards for free meals and for which neither the child nor any member of his family pays or is required to work in the food service program. **Do not include children in area eligible sites for supplements.**

- **“Approved Reduced”** are the children from a family that has a completed application which meets the income standards for reduced price meals.

- **“ADA” the Average Daily Attendance** is the total number of children who attend the center during the month divided by the number of days in service for the month (round up to next highest whole number). ADA can never be less than ADP. To calculate the Average Daily Attendance (ADA) on the NSLP Claim for Reimbursement, these steps should be followed for each site each month:

Step 1. At the end of each day, determine the number of different children who attended that day.

Step 2. At the end of the reporting month, add the daily attendance totals. This figure is your total monthly attendance.

Step 3. To determine the ADA, divide the total monthly attendance by the number of days served.

The following is an example of a sample worksheet for calculating ADA:

Date	Daily Attendance
Jan 3	25
Jan 4	30
Jan 5	35
Jan 6	28
Jan 9	27
Jan 10	36
Total Monthly Attendance	= 181
Divided by Days Served	÷ 6
ADA	= 30.16

Always round up to the nearest whole number when calculating the ADA. In the example above, the 30.16 = 31.

The local agency claim form must indicate the grand total ADA by adding together the ADA for each site.

- **“ADP” the Average Daily Participation** can be found by using the total number of children's lunches and divide by the number of days served. For example, if you served 200 lunches and served 20 days for the month; your ADP would be: 200 divided by 20 = 10 children. ADP can never exceed ADA (round up to next highest whole number.)

- **“Number of Days Served”** is the number of days food service operated this month.

- **“Number of Attendance Centers”** is the number of attendance centers in a School Food Authority, as reported to DOE, which participate in food service.

ROUNDING DEFINITION FOR ADA & ADP:

Example: $222 \div 20 = 11.10 = 12$
 $230 \div 20 = 11.50 = 12$

Section 2 — Lunch

(a) and (m) contain the number of paid lunches served to children during the month, (d) and (p) contain the number of free lunches served to children during the month, (g) and (s) contain the number of reduced lunches served to children during the month; (j) and (v) contain the number of lunches **and suppers** served to children under the Summer Food Program waiver. These meals are to be multiplied by the current reimbursement rates (round to 2 decimals). For the total reimbursement for lunch add lines (c), (f), (i), and (l) or (o), (r), (u) and (y).

Section 3 — Adult Meals

(a) contains the number of lunches served to Food Service employees only.
 (b) contains all other paid and free lunches served to adults (excluding those counted in (a)).
 (c) contains all sales of individual food items and second full meals to students. Equivalents are most frequently determined by dividing total sales by the amount of a full price adult meal. For example:

$\$100 \div \$1.50 = 67$ meals.

Section 5 — Snacks After School

(a) contains the number of paid supplements served to children during the month, (d) contains the number of free supplements served to children during the month, (g) contains the number of reduced supplements served to children during the month, (j) contains the number of free supplements from 50% area eligible sites served to children during the month, (m) contains the number of free supplements served to children during the month under the Summer Food Program waiver. These supplements are to be multiplied by the current reimbursement rates (round to 2 decimals). For the total reimbursement for supplements add lines (c), (f), (i), (j), and (o).

Section 6 — Total Reimbursement

Total reimbursement is the sum of total reimbursement in Sections 2 and 5.

CLAIMS received after sixty (60) days from the last day of the month being claimed will not be approved for payment.

If a one-time exception is needed, contact Office of Finance and Management.

NOTE: Date and Sign with an original signature.

A signed Faxed copy is acceptable. A second (hard) copy is not needed.

DISTRIBUTION: **ORIGINAL or fax** to Office of Finance and Mgt. **COPY** to be retained as file copy.